

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022356 (7)

1. Corporation Name

REHAB MANAGEMENT SPECIALISTS, INC.



Principal Place of Business

910 MYERS PARK DR
TALLAHASSEE FL 32301
US

Mailing Address

6753 THOMASVILLE RD/108
SUITE 239
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

4. FEI Number

65-0473696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1965 Hibiscus St.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34239

Country

25 SARASOTA

2a. Mailing Address

26 1965 Hibiscus St.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34239

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

CAPTAIN, CHRISTINA A
4127 WINNERS CIRCLE
#216
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

Captain, Christina A.

82 Street Address (P.O. Box Number is Not Acceptable)

1965 Hibiscus St.

83

84 City

SARASOTA

FL

85 Zip Code

34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Christina A. Captain christina A. Captain

(NOTE: Registered Agent signature required when reinstating)

3/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME CAPTAIN, CHRISTINA A
STREET ADDRESS 6375 MALLARO TRACE DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPS ☐ DELETE

NAME BLACK, M. KYMBERLY
STREET ADDRESS 6375 MALLARO TRACE DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1965 Hibiscus St.
SARASOTA, FL. 34239

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1965 Hibiscus St.
SARASOTA, FL. 34239

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Christina A. Captain

3/21/98

PM 506 2118

CR2E034 (10/97)